



SAFETY CREDIT PROGRAM
REIMBURSEMENT REQUEST FORM

JPA MEMBER: _____

ADA: _____ REIMBURSEMENT AMOUNT \$ _____

CONTACT PERSON: _____ DATE: _____

DESCRIPTION OF SAFETY ITEM (S):

THIS PURCHASE WAS MADE IN ORDER TO ADDRESS A SAFETY ISSUE IDENTIFIED BY:

YES NO

___ ___ LOSS PREVENTION SURVEY

___ ___ SITE INSPECTION

___ ___ HAZARD REPORTED THROUGH THE DISTRICT INJURY ILLNESS
PREVENTION PROGRAM

___ ___ SAFETY COMMITTEE REQUEST

___ ___ EMPLOYEE REQUEST

___ ___ SUPERVISOR / ADMISTRATOR REQUEST

TOTAL AMOUNT AVAILABLE \$ _____ SCHOOL YEAR: _____

APPROVED _____ DATE: _____

PLEASE ATTACH EVIDENCE OF THE PURCHASE AND SUBMIT TO THE JPA OFFICE FOR REIMBURSEMENT. REQUEST FOR REIMBURSEMENT MUST BE RECEIVED NO LATER THAN MAY 30TH IN ORDER TO BE PROCESSED.